MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 37786
Registered No. 10891

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis, Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Thorne I McCoy

(a) Residence. No. 208 Valentine St., 25 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Col	—

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1 — 1 — 30

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	—	10	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Wm McCoy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Miss
12. MAIDEN NAME OF MOTHER Roberta Henderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Miss.

14. INFORMANT A. Gertrude Creath
(Address) City Hospital #2

15. FILED NOV 18 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 — 13 — 1930

17. I HEREBY CERTIFY, That I attended deceased from 11 — 5 —, 1930, to 11 — 13 —, 1930, that I last saw him alive on 11 — 13 —, 1930, and that death occurred, on the date stated above, at 3:35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
Primary
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Unknown
10911 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? NO DATE OF —
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Clinical-X-Ray
(Signed) Henry E Hampton M.D.
11-15, 1930 (Address) City Hospital #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Father Dickson
DATE OF BURIAL Nov 18 1930

20. UNDERTAKER J. A. Green
ADDRESS 2915 Franklin Ave

...OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.